



TV CONVERTER BOX COUPON PROGRAM

PO Box 2530, Portland, OR 97208-2530



This application is to allow residents of licensed nursing homes, intermediate care facilities, or assisted living facilities to apply for one (1) forty dollar coupon which can be used towards the purchase of an eligible TV converter box. This form can be completed by or on behalf of an eligible resident of an eligible licensed facility. If the application is approved, one (1) coupon will be mailed to the nursing home resident at the facility where they reside.

Mail applications to:
PO Box 2530, Portland, OR 97208-2530

**ALL APPLICATIONS MUST BE
SUBMITTED BY MARCH 31, 2009.**

COUPON APPLICATION All information must be filled out. Please type or print clearly.
This application is to apply for one (1) \$40 coupon which can be used toward the purchase of an eligible TV converter box to be connected to a television set individually owned by the Facility Resident listed below.

1. Name and Address: Provide the name of the individual who would like to receive a coupon and the name and address of the Facility where the individual resides.

**NAME OF
INDIVIDUAL**

First

M.I.

Last

NAME OF FACILITY*

WHERE APPLICANT RESIDES

ADDRESS OF FACILITY*

WHERE APPLICANT RESIDES

Address

Room/Unit #

City

State

Zip

If you are an administrator of a nursing home, intermediate care, or assisted living facility and would like to apply for more than one resident, you may provide the name, room number, and TV Service statement (see below) of each resident as an attachment to this application.

* The term "Facility" in this application includes nursing homes, intermediate care, or assisted living facilities.

2. TV Service: Check the statement below that best describes the facility resident.

- All or some of my TVs in my room are connected to one or more pay services, such as cable or satellite.
- None of my TVs in my room are connected to one or more pay services, such as cable or satellite.

3. Signature: I hereby certify that the nursing home or facility listed above is a state-licensed nursing home, intermediate care facility, or assisted living facility and that the information provided here is true and correct.

Printed Name of Person Completing the Form

Signature

Date